

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: Andre Boyer

Address of Defendant: 1341 W. Clearfield St Philadelphia, Pa 19132

Place of Accident, Incident or Transaction: City of Philadelphia  
(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes  No

Does this case involve multidistrict litigation possibilities?

Yes  No

RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes  No

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes  No

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes  No

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes  No

CIVIL: (Place  in ONE CATEGORY ONLY)

A. *Federal Question Cases:*

1.  Indemnity Contract, Marine Contract, and All Other Contracts
2.  FELA
3.  Jones Act-Personal Injury
4.  Antitrust
5.  Patent
6.  Labor-Management Relations
7.  Civil Rights
8.  Habeas Corpus
9.  Securities Act(s) Cases
10.  Social Security Review Cases
11.  All other Federal Question Cases  
(Please specify)

B. *Diversity Jurisdiction Cases:*

1.  Insurance Contract and Other Contracts
2.  Airplane Personal Injury
3.  Assault, Defamation
4.  Marine Personal Injury
5.  Motor Vehicle Personal Injury
6.  Other Personal Injury (Please specify)
7.  Products Liability
8.  Products Liability — Asbestos
9.  All other Diversity Cases

(Please specify)

**ARBITRATION CERTIFICATION**

(Check Appropriate Category)

I, \_\_\_\_\_, counsel of record do hereby certify:

Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;

Relief other than monetary damages is sought.

DATE: \_\_\_\_\_

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 5/23/2012

Andre Boyer  
Attorney-at-Law

Attorney I.D.#

CIV. 609 (6/08)

JD

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

**CASE MANAGEMENT TRACK DESIGNATION FORM**

CIVIL ACTION

v.

NO. 12 2826

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

5/23/2012  
Date

*Andrei Boyer*  
Printed Name of Pro Se Plaintiff

*Andrei Boyer*  
Signature of Pro Se Plaintiff

**JD**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIAAndre' Boyer

(In the space above enter the full name(s) of the plaintiff(s).)

City of Philadelphia Police  
Department, Lt. Karen  
Baldini #122

12-2826 - JD  
**COMPLAINT**

Jury Trial:  Yes  No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	<u>Andre' Boyer</u>
	Street Address
	<u>1341 W. Clearfield St</u>
	County, City
	<u>Philadelphia</u>
	State & Zip Code
	<u>PA 19132</u>
	Telephone Number
	<u>(215) 301-7956</u>

B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name City of Philadelphia Police Department  
 Street Address 8th & Race ST  
 County, City Philadelphia  
 State & Zip Code PA 19104

Defendant No. 2

Name Lt. Karen Baldini #122  
 Street Address 2790 Dongan Rd  
 County, City Philadelphia  
 State & Zip Code PA 19111

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions  Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is in issue?

Racial Discrimination, Defamation of Character, Unsafe Working Environment, Psychological Harassment, Mental Anguish

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Pennsylvania

Defendant(s) state(s) of citizenship Pennsylvania

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? City of Philadelphia

22nd District 1747 N. 17th St Philadelphia, PA 19132

B. What date and approximate time did the events giving rise to your claim(s) occur? August 3, 2010

What happened to you?

C. Facts: The City of Philadelphia Police Department Assigned Lt. Baldini to Investigate Allegation of Departmental Violation for Handling Evidence And Processing of Arrest Paper Work

Who did what?

Lt. Baldini Conclusion of her Investigation Found Andre Boyer guilty of Departmental Violations And He Lost six days of Salary as a direct result of Lt. Baldini Investigation The City of Philadelphia and Lt. Baldini Both Failed to insure a fair ~~Investigation~~ Investigation under the Equal Employment rights Act. Lt. Baldini Failed to Conduct a proper Investigation of The Allegation Brought against The plaintiff Andre Boyer and it Clearly became Racial After Lt. Baldini Refused to Interview or question All Parties involved in the incident which consisted of Two Police Officer's Plo Brinson and Plo Rivera and two supervisors. All officers played a major part in the Processing of the paper Work. Lt Baldini By not following The Philadelphia Police Department Policy that Should apply to each Employee Regardless of Race or Color violated Andre Boyer Constitutional rights under The Fourteenth Amendment To the United States Constitution.

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. *As a direct and proximate result of the conduct of all defendants Plaintiff suffered and continues to suffer Physical and Psychological Harm, Pain and Suffering. Some or all of which may be Permanent and Financial Losses*

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V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

*The Plaintiff wishes to have a Jury Trial for the direct violations of His Constitutional rights under the Fourteenth Amendment, Seeking \$280,000 for Monetary Compensation, reimbursement for the six days of lost Salary and Expense from His Employee records any reference of wrong Doing*

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of May, 2012.

Signature of Plaintiff Andre' Boyer  
Mailing Address 1341 W. Clearfield St  
Philadelphia, Pa 19132  
Telephone Number (215) 301-7956  
Fax Number (if you have one) \_\_\_\_\_  
E-mail Address Andre'Boyer-25@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_  
Inmate Number \_\_\_\_\_